FLWEMS Paramedics Adult Protocol for the Management of:
ESOPHAGEAL SPASMS

Indications
To outline the paramedic care and management of the patient with signs and symptoms of an esophageal spasm.

Overview
Esophageal spasms are irregular, uncoordinated, and sometimes powerful contractions of the esophagus, the tube that carries food from the mouth to the stomach. Normally, contractions of the esophagus are coordinated, moving the food through the esophagus and into the stomach. Esophageal spasms can prevent food from reaching the stomach, leaving it stuck in the esophagus.

Esophageal spasms are rare. Often, symptoms that may suggest an esophageal spasm are the result of another condition such as Gastroesophageal Reflux Disease (GERD) or achalasia, a problem with the nervous system in which the Lower Esophageal Sphincter (LES) doesn't work properly. Anxiety or panic attacks can also cause similar symptoms.

Procedure

1.   Secure an airway as outlined in FLWEMS Paramedics Neonatal & Pediatric Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Intubate neurologically depressed patient to prevent aspiration.

2.   Obtain a complete patient past medical history, history of resent events and a physical examination with a full set of vital signs *(Blood Pressure, Pulses rate & rhythm, Respiratory rate & rhythm, SpO2, ETCO2, Capnometery, Glucose levels and Temperature)*.

3.   Assist patient in to a position of comfort.

4.   Patient should remain NPO (food & drink) until evaluated by the Emergency Department provider.

5.   Pre-Hospital medication administration for pain control must be ordered by Medical Control, FLWEMS Paramedics should not administer pain control medications for esophageal spasms under standing orders.

6.   Transport to appropriate Emergency Department.

7.   Contact medical control for further orders as needed.

CAIRA/Chemical Surety Considerations
None

Triage Considerations
Refer to S.T.A.R.T. Triage Protocol

END OF SOP – NOTHING FOLLOWS